

**STATE OF ARIZONA
AUTHORIZATION FOR A DIRECT DEPOSIT
OF NET PAY OR PAYROLL DEDUCTION**

☐ **START** a new authorization ☐ **CHANGE** an existing amount ☐ **CANCEL** the authorization

PLEASE SUBMIT ONLY ONE FORM FOR EACH ACCOUNT NUMBER

AGY ID	EMPLOYEE'S IDENTIFICATION NUMBER (EIN)	EMPLOYEE'S NAME (PRINT)	DATE

ROUTING NUMBER (DFI)	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER

"X" ONLY ONE ACCOUNT TYPE			
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<input type="checkbox"/> CHECKING ACCOUNT NET	<input type="checkbox"/> SAVINGS ACCOUNT NET	<input type="checkbox"/> ALT-CHECKING ACCOUNT FIXED AMOUNT	<input type="checkbox"/> ALT-SAVINGS ACCOUNT FIXED AMOUNT
		\$ _____	\$ _____

Note:

The Employee Identification Number (EIN) replaces the Social Security Number.

Depository Financial Institution (DFI) The Routing Number is a nine (9) digit field located in the lower left corner on your check. The Account Number and check number follows the DFI Routing Number.

"X" ONE
I AUTHORIZE DEDUCTIONS FOR FIXED AMOUNTS ONLY

<input type="checkbox"/> 24 TIMES A YEAR	<input type="checkbox"/> 26 TIMES A YEAR
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ATTACH 'VOID' CHECK OR LETTER FROM THE FINANCIAL INSTITUTION INDICATING THE ROUTING NUMBER AND ACCOUNT NUMBER

I authorize the State of Arizona and the financial institution to process **CREDIT OR DEBIT ENTRIES AND ADJUSTMENTS** to the bank account number stated on this form. I will notify the State of Arizona of any known changes or closure of my bank account. When the State of Arizona is notified by my financial institution of changes affecting this direct deposit, the State of Arizona is authorized to make the applicable changes. This authorization is to remain in effect until a new authorization is received.

EMPLOYEE'S SIGNATURE

DATE

AGENCY REVIEW

AGENCY FULL NAME	REVIEWER'S INITIALS, DATE & PHONE NUMBER
	ENTERED INTO HRIS BY: NAME AND DATE